

**American Refrigeration  
QUALITATIVE FIT TEST REPORT**

<b>Employee's Name:</b> Brian Caron	<b>Date:</b> March 21, 2015
<b>Position:</b> Facilities Manager	<b>Tested By:</b> John Narkin

**1.0 RESPIRATOR TYPE**

<b>1.1</b> Full-Face Chemical Cartridge	<input checked="" type="checkbox"/>	<b>1.2</b> Half-Face Chemical Cartridge	<input type="checkbox"/>
<b>1.3</b> Self-Contained Breathing Apparatus	<input type="checkbox"/>	<b>1.4</b> Powered Air-Purifying Respirator (PAPR)	<input type="checkbox"/>

**2.0 MODEL**

<b>2.1</b> Make and Model Number: 3M 7800S	<b>2.2</b> NIOSH Approval Number: TC-
--------------------------------------------	---------------------------------------

**3.0 EMPLOYEE LIMITATIONS**

<b>3.1</b> Facial Hair	<input type="checkbox"/>	<b>3.2</b> Glasses	<input type="checkbox"/>
<b>3.3</b> Dentures	<input type="checkbox"/>	<b>3.4</b> NO Limitations	<input checked="" type="checkbox"/>
<b>3.5</b> Explanation:			

**4.0 FIT TEST RESULTS**

<b>4.1</b> Satisfactory	<input checked="" type="checkbox"/>	<b>4.2</b> Unsatisfactory	<input type="checkbox"/>
-------------------------	-------------------------------------	---------------------------	--------------------------

**5.0 EMPLOYEE COMFORT**

<b>5.1</b> Very Comfortable	<input checked="" type="checkbox"/>	<b>5.2</b> Comfortable	<input type="checkbox"/>
<b>5.3</b> Barely Comfortable	<input type="checkbox"/>	<b>5.4</b> Uncomfortable	<input type="checkbox"/>
<b>5.5</b> Intolerable	<input type="checkbox"/>		

**6.0 COMMENTS**

<b>6.1</b> Explanation: Aeryl Accurate
-------------------------------------------

**7.0 CERTIFICATION**

**EMPLOYEE'S STATEMENT:** I understand that my use of this respirator must be in accordance with Tanner Industries, Inc. policies, manufacturer's instructions, and applicable OSHA Regulations and Standards.

<b>Employee's Signature:</b> Brian Caron	<b>Date:</b> 3-21-15
<b>Tester's Signature:</b> John Narkin	<b>Date:</b> 3/21/15